COVER PAGE AREA CODE/PHONE AREA CODE/PHONE (818) 260-0669 have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify 460 94 For Official Use Only Supplemental Preelection Statement - Attach Form 495 CALIFORNIA Special Odd-Year Report FORM Quarterly Statement Page ____ ZIP CODE ZIP CODE 91502 or Responsible Officer of Sponsor STATE STATE Date Stamp S Signature of Controlling Officaholder, Candidate, State Measure Proponent NAME OF ASSISTANT TREASURER, IF ANY (Also file a Form 410 Termination) Amendment (Explain below) OPTIONAL. FAX / E-MAIL ADDRESS Semi-annual Statement Date of election If applicable: Preelection Statement Termination Statement Type of Statement: 1212 S Victory Blvd (Month, Day, Year) NAME OF TREASURER MAILING ADDRESS Kinde Durkee MAILING ADDRESS Freasurer(s) Burbank તં Type or print in ink. Signature of Contro Kinde Durkee Mike Cordera under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Statement covers period AREA CODE/PHONE AREA CODE/PHONE (818) 260-0669 through 12/31/2008 Primarily Formed Ballot Measure from 10/19/2008 Primarily Formed Candidate/ Officeholder Committee 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. ě 8 8 Controlled
 Sponsored
(Also Complete Part 6) (Also Complete Part 7) I.D. NUMBER 1307852 ZIP CODE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX ZIP CODE 91502 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STATE STATE Officeholder, Candidate Controlled Committee S State Candidate Election Committee
 ○ Recall
 (Also Complete Part 5) (Government Code Sections 84200-84216.5) General Purpose Committee

Sponsored

Small Contributor Committee

Political Party/Central Committee 01/20/200901/20/2009 OPTIONAL: FAX / E-MAIL ADDRESS Committee Information Friends Of Mike Cordero STREET ADDRESS (NO P.O. BOX) Recipient Committee Campaign Statement SEE INSTRUCTIONS ON REVERSE 1212 S Victory Blvd Executed on Executed on ... Executed on **Cover Page** Verification

Burbank

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4.

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Executed on,

COVER PAGE - PART 2	CALIFORNIA 460	Page 2 of 10
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Wite OF OFFICE SOUGHT ON CANDIDATE White OF PERIODER OR CANDIDATE White OFFICE SOUGHT ON CALETTER GIV COUNCIL Member, CITY of Santa Mails, District: n/a RESIDENTIAL BLANKE OF OFFICE HOLDER OR CANDIDATE. GIV COUNCIL Member, CITY of Santa Mails, District: n/a RESIDENTIAL BLANKE OF OFFICEHOLDER OR CANDIDATE. GIV COUNCIL Member, CITY of Santa Mails, District: n/a RESIDENTIAL BLANKE OF OFFICEHOLDER OR CANDIDATE. Related Committees Not included in this Statement: List any committees not included in this Statement that are controlled by you or are primarily formed to receive contributions or mise exponditures on behalf of your candidate, or state measure proponent, if any. Related Committees Not included in this Statement: List any committees not included in this Statement that are controlled by you or are primarily formed to receive contributions or mise exponditures on behalf of your candidate, or state measure proponent, if any. Related Committees Not included in this Statement: List any committees not related to the statement that are controlled in this Statement: Any or are primarily formed to receive contributions or mise exponditures on behalf of your candidate, or state measure proponent, if any. NAME OF THEASURER COMMITTEE NAME C	5. Officeholder or Candidate Controlled Committee	iftee	6. Ballot Measure Committee		
TY Council Member, City Of Santa Maria, District: n/a DENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 12 S Victory Blvd Burbank CA 91502 ated Committees Not Included in this Statement: List any committees nationally formed to receive ributions or make expenditures on behalf of your candidacy. MITTEE NAME OF TREASURER STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE MIKE Cordero		NAME OF BALLOT MEASURE		
12 S Victory Blvd Burbank CA 91502 14 S Victory Blvd Burbank CA 91502 15 S Victory Blvd Burbank CA 91502 16 Statement: List any committees not located in this statement that are controlled by you or are primarily formed to receive network or make expenditures on behalf of your candidacy. 15 CONTROLLED COMMITTEE? 16 F TREASURER 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 18 CONTROLLED COMMITTEE? 19 CODE 10 NUMBER 10 NUMBER 10 NUMBER 10 NUMBER 10 NUMBER 11 NUMBER 11 NUMBER 12 NO RO. BOX) 13 YES NO RO. BOX) 14 YES NO RO. BOX) 15 YES NO RO. BOX) 16 THEASURER 17 CONTROLLED COMMITTEE? 17 CONTROLLED COMMITTEE? 18 ON TREASURER 19 ON TREASURER 19 ON TREASURER 20 TREASURER 21 ON TREASURER 22 ON TREASURER 23 ON TREASURER 24 ON TREASURER 25 ON TREASURER 26 ON TREASURER 27 ON TREASURER 28 ON TREASURER 29 ON TREASURER 20 ON TREASURER 20 ON TREASURER 21 ON TREASURER 20 ON TREASURER 21 ON TREASURER 21 ON TREASURER 21 ON TREASURER 22 ON TREASURER 23 ON TREASURER 24 ON TREASURER 25 ON TREASURER 26 ON TREASURER 27 ON TREASURER 28 ON TREASURER 29 ON TREASURER 20 ON TREASURER 20 ON TREASURER 20 ON TREASURER 20 ON TREASURER 21 ON TREASURER 21 ON TREASURER 21 ON TREASURER 27 ON TREASURER 27 ON TREASURER 27 ON TREASURER 28 ON TREASURER 29 ON TREASURER 20 ON TREASURER 21 ON TREASURER 21 ON TREASURER 21 ON TREASURER 21 ON TREASURE	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICTION CITY Council Member, City Of Santa Maria,	T NUMBER IF APPLICABLE)		ICTION	SUPPORT OPPOSE
The Committees Not Included in this Statement: List any committees The Committees Not Included in this Statement: List any committees The Statement that are controlled by you or are primarily formed to receive included in this statement that are controlled by you or are primarily formed to receive included in this statement that are controlled by you or are primarily formed to receive included in this Statement: List any committees The Court of Tree Sought of Held of Court of Tree Sought or Held of Tree Sou	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT 1212 S. VICTORY BIVD	STATE	Identify the controlling officeholde	, candidate, or state measure	proponent, if any.
The first statement that are controlled by you or are primarily formed to receive influence or make expenditures on behalf of your candidacy. I.D. NUMBER OF TREASURER STATE STATE OF TREASURER STATE STATE STATE OF TREASURER OF TREASURER STATE OF TREASURER OF TREASURER NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OFFICE SOUGHT OR	Related Committees Not Included in this Stat	List any co	NAME OF OFFICEHOLDER, CANDIDATE, C		
T. Primarily Formed Committee List names of officeholder(s) or candidate control tension and the committee List names of officeholder(s) or candidate log Tree ADDRESS (NO PO. BOX) MITTEE ADDRESS STREET ADDRESS (NO PO. BOX) MITTEE ADDRESS (NO PO.	not included in this statement that are controlled by you o contributions or make expenditures on behalf of your can	or are primarily formed to receive ididacy.	OFFICE SOUGHT OR HELD	DISTRICT NO.	γ NΑ A
T. Primarily Formed Committee List names of officeholder(s) or candidate which this committee List names of officeholder(s) or candidate sources. Controlled Committee List names of officeholder(s) or candidate committee List names of officeholder(s) or candidate continuation sheets if necessary.	COMMITTEE NAME	I.D. NUMBER	-		
MITTEE ADDRESS STREET ADDRESS (NO PO. BOX) STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE STATE ADDRESS (NO PO. BOX) Attach continuation sheets if necessary	NAME OF TREASURER	CONTROLLED COMMITTEE?		List names of officeholder(s) or c	andidate(s) for
I.D. NUMBER III I.D. NUMBER			NAME OF OFFICEHOLDER CR CANDIDATE		SUPPORT OPPOSE
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	STATE		Attach contir	uation sheets if necessary	

statement	
Disclosure S	age
Campaign	Summary F

Type or print in ink.

SUMMARY PAGE

Campaign Disclosure Statement	Type or print in ink.			SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.	fro	Statement covers period 10/19/2008	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE		through	12/31/2008	Page 3 of 10
NAME OF FILER Friends Of Mike Cordero				I.D. NUMBER 1307852
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALT O DATE	Calendar Year Sun Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributionsstate 3		\$ 23188.00	General Elections	nS 1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 7 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 10328.00	\$ 49388.00	20. Contributions	er.
4. Nonmonetary Contributions	\$ 10328.00	\$ 49388.00	<u>se</u>	e e
Expenditures Made 6. Payments Made	\$ 3024.83	s 35254.73	Expenditure Limit Candidates	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 3024.83	\$ 35254.73	22. Cumulati (if Subject t	22. Cumulative Expenditures Made* (if Subject to Votuntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)	15000.00	15000.00	Date of Election (mm/dd/yy)	Total to Date
	\$ 18024.83	\$ 50254.73		₩
	6830 10			\$
12. Beginning Cash Balance	1 1	To calculate Column B, add amounts in Column A to the		\$
Cash	784.64	corresponding amounts from Column B of your last	1	
15. Cash Payments	3024.83	Column A may be negative figures that should be		\$
		subtracted from previous period amounts. If this is		₩
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	the first report being med for this calendar year, only carry over the amounts	*Since January 1, 2001.	*Since January 1, 2001. Amounts in this section may be
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	00.00	from Lines 2, 7, and 9 (if any).	different from amounts reported in Column 5.	eponea in Column 5.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 41200.00		FPPCT	FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

	Received
<	Contributions
ocuedate	Monetary

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE CALIFORNIA FORM Statement covers period 10/19/2008 from

SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			12/31/2008	8008	Page 4	of 10
NAME OF FILER Friends Of I	AME OF FILER Friends Of Mike Cordero					1.D. NUMBER 1307852	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
11/04/2008	Cindy Alvarado 923 E Mc Cloud Santa Maria CA 93455		Banking Cindy Alvarado	100.00	100.00		\$100.00 G2008
11/04/2008	Elyse Battistella 511 N Bradley Rd Santa Maria CA 93456		Retired N/A	100.00	100.00		\$100.00 G2008
11/04/2008	Joyce Gracie 4215 Brookside PI Santa Maria CA 93455	ME COS	Teacher Joyce B. Gracie	100.00	100.00		\$100.00 G2008
11/04/2008	Kimberly Graham 591 Mesa Rd Nipomo CA 93444		Police Lieutenant Santa Maria Police Department	100.00	100.00		\$100.00 G2008
11/04/2008	Wesley Maroney 1248 Woodmere Rd Santa Maria CA 93455	SC PT COS	Retired N/A	100.00	100.00		\$100.00 G2008
			SUBTOTAL \$	500.00			
Coledal A C.	A O				Thornton,	*Contribution	

Schedule A Summary

- (Include all Schedule A subtotals.)..... 1. Amount received this period - contributions of \$100 or more.
- 2. Amount received this period unitemized contributions of less than \$100
- (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)TOTAL \$ 3. Total monetary contributions received this period.

(other than PTY or SCC) IND – Individual COM – Recipient Committee *Contributor Codes

> 428.00 9900.00

> > \$

10328.00

OTH – Other PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Monetary Contributions Received Schedule A (Continuation Sheet)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA FORM Statement covers period 10/19/2008 45/54/5000 from.

				12/31/2008		Page 5 of 10
NAME OF FILER Friends Of I	AME OF FILER Friends Of Mike Cordero				1.7	1.D. NUMBER 1307852
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TE PER ELECTION TO DATE (IF REQUIRED)
11/04/2008	Marylyn Muzer 1329 N Christina St Santa Maria	ON PLANE	Retired N/A	250.00	500.00	\$500.00 G2008
12/23/2008	rald Dr CA	DN H COS	Certified Financial Service National Recreational Properties Inc	150.00	150.00	\$150.00 G2008
11/04/2008	Santa Maria Fire Fighters Pac 110 E Cook St Santa Maria CA 93454 891939	IND COM OTH CONT COM		1000.00	1000.00	\$1000.00 G2008
12/23/2008	Police Officers	IND SCC		5000.00	15000.00	\$15000.00 G2008
11/04/2008	SEIU Local 620 Central Coast Voters For Better Government 933 Castillo St Santa Barbara CA 93101 881199	DSCOM SCC PTY		3000.00	3000.00	\$3000.00 G2008
			SUBTOTAL \$	9400.00		

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)

OTH – Other PTY – Political Party SCC – Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1 Loans Received

Amounts may be rounded Type or print in ink. to whole dollars.

SCHEDULE B - PART 1 460 19 CALIFORNIA FORM Statement covers period 10/19/2008 from

G2008 PER ELECTION *** \$26200.00 PER ELECTION*** \$26200.00 G2008 PER ELECTION** \$26200.00 CONTRIBUTIONS CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR \$ 26200.00 \$ 26200.00 \$ 26200.00 TO DATE ŏ 08/27/2008 DATE INCURRED 09/02/2008 DATE INCURRED 08/04/2008 DATE INCURRED ORIGINAL AMOUNT OF LOAN 3128.89 .D. NUMBER 3828.82 \$ 1200.00 Page 6 1307852 (Enter (e) on Schedule E, Line 3) (e)
INTEREST
PAID THIS
PERIOD 0.00 RATE 0.00 RATE 0.00 RATE \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 through 12/31/2008 OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD \$21171.18 26200.00 DATE DUE DATE DUE DATE DUE \$ 3828.82 \$ 1200.00 (c)
AMOUNT PAID
OR FORGIVEN
THIS PERIOD * FORGIVEN FORGIVEN FORGIVEN \$ 0.00 □ PAID \$ 0.00 s 0.00 \$ 0.00 □ PAID \$ 0.00 □ PAID \$ 0.00 \$ 0.00 RECEIVED THIS PERIOD (b) AMOUNT \$ 0.00 0.00 0.00 0.00 OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD s SUBTOTALS 21171.18 3828.82 1200.00 IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Santa Maria Police Santa Maria Police Santa Maria Police Department Department Department Lieutenant Lieutenant Lieutenant ၁၁ ၁၁ ၁၁Տ FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) F Ĕ F CA 93454 CA 93454 CA 93454 NAME OF FILER Friends Of Mike Cordero SEE INSTRUCTIONS ON REVERSE H OH D OTH D OTH 324 Ruby Court 1324 Ruby Court 1324 Ruby Court NOD ON KO COM COM Mike Cordero Mike Cordero Mike Cordero Santa Maria Santa Maria Santa Maria DNI KD dNI 🔼

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0 ↔ (Total Column (b) plus unitemized loans less than \$100.) 1. Loans received this period.....

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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÷ (Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) Loans paid or forgiven this period a

(May be a negative ₩ (Subtract Line 2 from Line 1.)..... તં Enter the net here and on the Summary Page, Column A, Line Net change this period. က

† Contributor Codes IND - Individual

OTH - Other COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee PTY - Political Party

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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Amounts may be rounded Type or print in ink. to whole dollars.

19 of CALIFORNIA I.D. NUMBER FORM 1307852 Page 7 Statement covers period 10/19/2008

SCHEDUE

through 12/31/2008 from Friends Of Mike Cordero SEE INSTRUCTIONS ON REVERSE NAME OF FILER

transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment returned contributions voter registration RAD SAL SAL MEB WEB postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications petition circulating office expenses phone banks print ads A SEPTEMBER OF FREE SEPTEMBER OF SEPTEMBER independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations legal defense CODES: S SSS

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT		AMOUNT PAID
Durkee & Associates				
1212 S Victory BI Burbank CA 91502	PRO			469.13
Associates				
1212 S Victory BI	PRO			222.13
Burbank CA 91502				
Durkee & Associates				
1212 S Victory BI	PRO			202.84
Burbank CA 91502				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	o be summarized o	n Schedule D.	SUBTOTAL \$	894.10

Schedule E Summary

- 3024.83 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) S 2. Unitemized payments made this period of under \$100
- 9 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- 3024.83

(Continuation Sheet) Schedule E

Type or print in ink. to whole dollars,

SCHEDULE E (CONT.) 9 4 CALIFORNIA FORM Page 8 I.D. NUMBER Statement covers period through 12/31/2008 10/19/2008

campaign paraphernalia/misc.

OND

meetings and appearances member communications

radio airtime and production costs

RAD

1307852 payment, you may enter the code. Otherwise, describe the payment. Amounts may be rounded If one of the following codes accurately describes the SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends Of Mike Cordero Payments Made CODES:

CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations		Mbk member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone hanks	Iunications appearances es ting	RAD radio antime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable artime and production costs TRC candidate travel location and meals	l costs
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	osing others (explain)*	POL polling and su POS postage, deliv PRO professional s PRT print ads	priors barries polling and survey research polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	TSF VOT	teals le same candidate/sponsor met, e-mail)
NAME AND ADD (IF COMMITTEE, ALSO	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Durkee & Associates					
1212 S Victory Bl Burbank	91502		PRO		200.00
Durkee & Associates					
1212 S Victory BI Burbank CA	91502		PRO		204.62
Home Depot					
1750 E Edinger Av Santa Ana	92705		OFC		256.21
La Hacienda Mexican Restaurant					
312 W Main St Santa Maria CA	93458		CMP		985.90
Voter Guide Slate Mail					
6285 E Spring St #202 Long Beach	90808	598032	TI		484.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	dent expenditures must als	so be summarized on S	chedule D.	SUBTOTAL \$	TAL \$ 2130.73
					(60) Comm 460 (1110)

FPPC Toll-Free Helpline: 866/ASK-FPPC

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

OUTSTANDING
BALANCE AT CLOSE
OF THIS PERIOD 15000.00 15000.00 transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) 1307852 I.D. NUMBER campaign workers' salaries t.v. or cable airlime and production costs staff/spouse travel, lodging, and meals 0.00 0.00 candidate travel, lodging, and meals THIS PERIOD ALSO REPORT ON E) (c) AMOUNT PAID radio airtime and production costs payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration ⇔ 15000.00 15000.00 (b) AMOUNT INCURRED THIS PERIOD RAD SAL TRC TRC VOT w OUTSTANDING BALANCE BEGINNING OF THIS PERIOD 0.00 0.00 postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications SUBTOTALS \$ CODE OR DESCRIPTION OF PAYMENT petition circulating office expenses phone banks print ads CNS CODES: If one of the following codes accurately describes the 유무심정상 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. independent expenditure supporting/opposing others (explain)* NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 90501 contribution (explain nonmonetary)* campaign literature and mailings campaign paraphernalia/misc. 1405 Marcelina Ave #111 Friends Of Mike Cordero candidate filing/ballot fees Freeman Public Affairs SEE INSTRUCTIONS ON REVERSE S campaign consultants fundraising events civic donations legal defense NAME OF FILER Torrance 2000 2 SSS **2**95

Schedule F Summary

- 15000.00 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- PAID TOTALS \$ accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on R
- 15000.00 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Miscellaneous Increases to Cash Schedule 1

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period 10/19/2008 from

through 12/31/2008

1307852

DESCRIPTION OF RECEIPT

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

City Of Santa Maria

DATE RECEIVED

Friends Of Mike Cordero

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

110 E Cook St Santa Maria

12/23/2008

93454

8

Refund

784.64

784.64

SUBTOTAL \$

784.64

₩

0

2. Unitemized increases to cash under \$100 this period. 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)........\$

Summary Page, Line 14.)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

1. Increases to cash of \$100 or more this period.

Attach additional information on appropriately labeled continuation sheets.

Schedule | Summary

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

784.64

TOTAL \$

AMOUNT OF INCREASE TO CASH

10 ᅱ

460

SCHEDULE

FORM

Page 10

I.D. NUMBER